

**UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES**

**APPLICATION FOR PERMIT TO MOVE SLAUGHTER  
SWINE FROM ORIGINATING SLAUGHTER FACILITIES  
TO APPROVED DESTINATION FACILITIES**

**APPROVED DESTINATION FACILITIES**

1A. FACILITY NAME	1B. FACILITY ADDRESS
1C. CONTACT PERSON	
1D. TELEPHONE	
2A. FACILITY NAME	2B. FACILITY ADDRESS
2C. CONTACT PERSON	
2D. TELEPHONE	
3A. FACILITY NAME	3B. FACILITY ADDRESS
3C. CONTACT PERSON	
3D. TELEPHONE	
4A. FACILITY NAME	4B. FACILITY ADDRESS
4C. CONTACT PERSON	
4D. TELEPHONE	

The applicant agrees to abide by all terms in this agreement. If approved destination facilities should change, the applicant will inform Assistant Directors' office of both the originating State and the destination State for approval of additions or deletions to the list of approved facilities prior to changing the destination(s) of reshipped slaughter swine.

5. THE PERMIT, IF APPROVED IS VALID FOR THREE YEARS FROM:

**6. APPLICANT**

6A. NAME <i>(Printed)</i>	6B. SINGATURE	6C. DATE
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**7. ASSISTANT DIRECTOR'S ORIGINATING STATE**

7A. NAME <i>(Printed)</i>	7B. SINGATURE
7C. ORIGINATING STATE	7D. DATE

**8. ASSISTANT DIRECTOR'S DESTINATION STATE**

8A. NAME <i>(Printed)</i>	8B. SINGATURE
8C. DESTINATION STATE	8D. DATE

**9. STATE VETERINARIAN DESTINATION STATE**

9A. NAME <i>(Printed)</i>	9B. SINGATURE
9C. DESTINATION STATE	9D. DATE